

Volunteer County Participation in CQI Review

Name of County: _____

Name of Person Submitting Form: _____

Title: _____

Phone Number: _____

E-Mail Address: _____

Street Address: _____

Please indicate when you would like to be considered for a CQI review:

_____ 2006, January through June

_____ 2006, July through December

_____ 2007, January through June

Please provide any rationale for your choice, including if your county intends to adopt a CQI program or develop and implement a countywide Program Enhancement Plan.

Thank you for your time. Please submit this form as follows by October 14, 2005:

Attention: Harry Hobbs
DHFS/DCFS/BPP
P.O. Box 8916
Madison, WI 53708-8916
E-Mail: HobbsHM@dhfs.state.wi.us
FAX: 608/264-6750